

MULTIPLE INVENTOR CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) *10/530719*

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3	/		/		/		53						
4	2		/		/		54						
5	0		/		/		55						
6	0		/		/		56						
7	0		/		/		57						
8	0		/		/		58						
9	0		/		/		59						
10	0		/		/		60						
11	0		/		/		61						
12	0		/		/		62						
13	0		/		/		63						
14	0		/		/		64						
15	0		/		/		65						
16	0		/		/		66						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2								
TOTAL DEP.	15	←	14	←	18	←							
TOTAL CLAIMS	17		16		20								